

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 1056-0134PUS1																																											
Application No. 10/571,285-Conf. #8225		Filing Date March 9, 2006		Examiner K. A. Bianchi																																											
Art Unit 1626																																															
Applicant(s): Kenji HAYASHI et al.																																															
Invention: PROCESS FOR PREPARING SULFONAMIDE-CONTAINING INDOLE COMPOUNDS																																															
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 20%;"></th> <th style="width: 10%;">Claims Remaining After Amendment</th> <th style="width: 10%;">Highest Number Previously Paid</th> <th style="width: 10%;">Number Extra Claims Present</th> <th style="width: 10%;">Rate</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">4</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 52.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">2</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 220.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: center;"><b>0.00</b></td> </tr> </tbody> </table> <p style="margin-top: 10px;"> <input checked="" type="checkbox"/> Large Entity         <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span> </p> <p> <input checked="" type="checkbox"/> No additional fee is required for this amendment.           <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.          A duplicate copy of this sheet is enclosed.           <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.           <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.           <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.           <input checked="" type="checkbox"/> Credit any overpayment.           <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.       </p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 60%;"> <p>          John W. Bailey          Attorney Reg. No.: 32,881</p> <p>BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP          8110 Gatehouse Road          Suite 100 East          P.O. Box 747          Falls Church, Virginia 22040-0747          (703) 205-8000</p> </div> <div style="width: 35%; text-align: right;"> <p>Dated: <u>June 24, 2009</u></p> </div> </div>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	4	- 20 =	0	x 52.00	0.00	Independent Claims	2	- 3 =	0	x 220.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>
CLAIMS AS AMENDED																																															
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																											
Total Claims	4	- 20 =	0	x 52.00	0.00																																										
Independent Claims	2	- 3 =	0	x 220.00	0.00																																										
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																															
Other fee (please specify):																																															
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>																																										